SEC Mail Processing Section

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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMASSITUTION. DC 107 Washington, D.C. 20549

OMB Number: Expires: May 31, 2005 Estimated average burden hours per response . . . 16.00

OMB Approval-

PROCESSED FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY Prefix Serial DATE RECEIVED

100-	UNIFORM L	IMITED OFFE	RING EXEM	PTION	DATE RECEIVED							
Name of Offering (check if this is an a BroadRamp, Inc.												
Filing Under (Check box(es) that apply):	□ ·Rule 504 □	Rule 505	☑ Rule 506	☐ Section	4(6) ULOE							
Type of Filing: New Filing Amen	lment		<u></u> .									
	A. BAS	IC IDENTIFICA	TION DATA									
1. Enter the information requested about	the issuer											
•	in amendment and name	has changed, and in	ndicate change.)									
BroadRamp, Inc.												
Address of Executive Offices (Number ar		,		4	phone Number (Including Area Code)							
1555 East Flamingo Road, Suite 155, L				(70)	<u>2)</u> 796-1374							
Address of Principal Business Operations	-				phone Number (Including Area Code)							
(if different from Executive Offices) 40 N	I.E. Loop 410, Suite 400), San Antonio, Te	xas 78216	(210	0) 828-4451							
Brief Description of Business				4								
Company develops electronic content d	elivery systems.			-								
	. ,											
Type of Business Organization												
☑ corporation	☐ limited partnership, a	•	☐ other (please specif								
☐ business trust	☐ limited partnership, t	o be formed			08020359							
		Month	Year		00020008							
Actual or Estimated Date of Incorporation	or Organization:	0 8	0 4		☐ Estimated							
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter U.	S. Postal Service al	breviation for St	ate;								
	CN for Canada; FN	for other foreign ju	risdiction)	ΝV								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1972 (6-02) 1 of 8

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive office 	er and director of c	огрогаte issuers and of corp	orate general and managing p	partners of partners	hip issuers; and
 Each general and m 	anaging partner of p	partner issuers.			
Check box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Sean Darwish	individual)				
Business or Residence Addres 40 N.E. Loop 410, Suite 400,					
Check box(es) that Apply:	☐ Promoter			□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Rex Decker	individual)				
Business or Residence Addres 40 N.E. Loop 410, Suite 400,					
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Joseph Pelayo	individual)				
Business or Residence Addres 40 N.E. Loop 410, Suite 400,	San Antonio, Texas	73216			
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Gregory Nakagawa	individual)				
Business or Residence Addres 40 N.E. Loop 410, Suite 400,					
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Michael Fong	individual)				
Business or Residence Addres 345 Park Avenue, 41st Floor,					
Check box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if VentureVest II Limited	individual)				
Business or Residence Addres 345 Park Avenue, 41st Floor,					
Check box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	. Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Wafra Ramp LLC	individual)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Business or Residence Address (Number and Street, City, State, Zip Code)

345 Park Avenue, 41st Floor, New York, NY 10154-1010

B. INFORMATION ABOUT OFFERING												
				41	OIUII						Yes	No
1. Has t	he issuer so	ld or does ti	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?				⊠
				Ansv	ver also in	Appendix, (Column 2, i	if filing und	er ULOE.			
2. What	is the minir	num invest	ment that w	vill be accep	oted from a	ny individu	al?				<u>\$N/</u>	<u>'A</u>
											Yes	No
3. Does the offering permit joint ownership of a single unit?											፟	
comm a per states	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Nam	e (Last nam	e first, if in	dividual)									
Business	or Residenc	e Address	(Number an	d Street, C	ity, State, 2	Cip Code)					-	
Name of	Associated	Broker or I	Dealer									
	Which Pers All States" o									🗀 All	States	
[AL]	[AK]	[AZ]	[AR]	[CA.]	[CO]	[CT]	☐ [DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	☐ [ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[MO]
[MT]	[NE]	[NN]	[HN]	[[NJ]	[MM]	□[иу]	[NC]	[ND]	[OH]	□ (OK)	OR]	[PA]
[RI]	[sc]	[SD]	[TN]	[TX]	UT]	[VT]	[VA]	[WA]	[WV]	[WI]	☐ (WY)	[PR]
Full Nam	e (Last nam	e first, if in	dividual)									
Business	or Residenc	e Address	(Number an	d Street, C	ity, State, Z	(ip Code)						
Name of	Associated	Broker or I	Dealer									
	Which Pers										G. A	
[AL]	All States" (☐ [AK]	or check ind	IIVIduai Sta		[CO]		[DE]	[DC]	[FL]		States [HI]	[ID]
☐ [IF]	[IN]	[IA]	☐ [KS]	☐ [KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]
☐ [MT]			[NH]	_	☐ [MM]	□ [NY]	[NC]	[MD]	[OH]	☐ [OK]	[OR]	☐ [PA]
[RI]	[sc]	[SD]	☐ [TN]			[VT]	[AV]	[WA]	(wv)	[WI]	☐ [WY]	[PR]
Full Nam	ie (Last nam	e first, if in	dividual)				_ 					
Business	or Residenc	e Address	(Number an	d Street, Ci	ity, State, Z	ip Code)						
Name of	Associated	Broker or E	Dealer									
	Which Person									□ AII	States	
[AL]	[AK]	[AZ]	[AR]	[CY]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	_ [MS]	 [MO]
[mt]	[NE]	[NV]	[NH]	[uj]	[NM]	[үү]	[NC]	☐ [ND]	[OH]	□ [OK]	[OR]	□ [PA]
[19]		[] (ep)	☐ [mx1	☐ [mv1	נישון 🗀	⊟ tvrn1	ר מעז 🗀	[] [IIIA]	[] (wu)	_ [][w]]	□ twv1	נמת ז

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

i.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and		
	indicate in the column below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	
	Equity		
	☐ Common ☐ Preferred	<u> </u>	
	Convertible Securities (including warrants)	\$	_ s
	Partnership Interests		_ S
	Other (Specify) (Units consisting of Shares of Preferred Stock and Warrants)		2,276,400
	Total		2,276,400 2,276,400
	Answer also in Appendix, Column 3, if filing under ULOE	3	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount Of Purchases
	Accredited Investors	8	\$ <u>2,276,400</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	
	Regulation A		_
	Rule 504		_ s
	Total		_
4.a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 40,000
	Accounting Fees	🛛	\$\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify) (travel, postage, misc.)	🗵	\$1,000
	Total	🗵	\$50,000

_	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPEN	SES AND L	SE	OF PROC	CEE	DS		
	total expenses furnished in response to	egate offering price given in response to Part C Part C-Question 4.a. This difference is the	"adjusted gros	SS			<u>\$2,226,400</u>		
5.	of the purposes shown. If the amount for to the left of the estimate. The total of th	dicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box of the left of the estimate. The total of the payments listed must be equal to the adjusted gross proceeds to be issuer set forth in response to Part C-Question 4.b. above.							
	Salaries and fees			Ø	Affiliate \$ 300.000	_	Others \$		
							\$		
		illation of machinery and equipment					\$		
		ldings and facilities					\$		
	Acquisition of other businesses (ir may be used in exchange for the as	П	s		s				
	,	pulsar to the	•		\$ \$				
	• •				\$ \$				
	• .			_	\$				
					s		s		
	Column Totals		••••••	\boxtimes	\$ <u>300,000</u>	Ø	\$ <u>1,926,400</u>		
	Total Payments Listed (column total	×	! \$_	2,226,400					
_	<u>.</u> .	D. FEDERAL SIGNATURE							
sig	mature constitutes an undertaking by the i	signed by the undersigned duly authorized person ssuer to furnish to the U.S. Securities and Exchan- a-accredited investor pursuant to paragraph (b) (2	inge Commissi						
iss	suer (Print or Type)	Signature 5	Date	_					
Br	oadRamp, Inc.	1	1 1	/4	12008				
Na	ame of Signer (Print or Type)	Pitle of Signer (Print or Type)							
Gr	regory D. Nakagawa	President and Chief Executive Officer							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	*****					
1.		y party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provision of such						
	See A	Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to CFR 239.500) at such times as required by s	o furnish to any state administrator of any state in which this notice is filed, a not state law.	tice on Fo	rm D (17				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		issuer is familiar with the conditions that must be satisfied to be entitled to the which this notice is filed and understands that the issuer claiming the availability ditions have been satisfied.						
	e issuer has read this notification and knows ly authorized person.	the contents to be true and has duly caused this notice to be signed on its behalf	by the un	dersigned				
Iss	uer (Print or Type)	Signature Date						
Br	oadRamp, Inc.	1/4/2008						
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Gr	egory D. Nakagawa	President and Chief Executive Officer						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3			5				
	Intend to sell to Type of security non-accredited and aggregate investors in offering price State offered in State (Part B-Item 1) (Part C-Item 1)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	Units of Pro		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL										
AK										
AZ										
AR										
CA				_						
co										
CT		No	\$50,000	_	2	\$50,000				No
DE										
DC										
FL							ļ			
GA										
HI				-						
ID							,			
IL										
IN										
IA										
KS		ļ								
KY			-							
LA										
ME		<u> </u>								
MD										
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APPENDIX

1	2		3			5				
	Intend to sell to Type of security non-accredited and aggregate investors in offering price State offered in State (Part B-Item 1) (Part C-Item 1)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Units of Pref Stock and Wa		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MT										
NE										
NV										
NH										
NJ		No	\$12,480		1	\$12,480				No
NM										
NY		No	\$2,213,920		5	\$2,213,920				No
NC										
ND										
ОН										
ок				_						
OR										
PA										
RI										
SC										
SD			_							
TN		ļ <u> </u>								
TX										
UT										
VT	_									
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